

Impact of Change in Enrollment Status on Financial Aid Eligibility

This form has been developed to provide students with a clear statement of how retroactive and/or mid-semester changes in enrollment status will affect their financial aid eligibility **before** those changes are implemented. It is strongly recommended that the student complete this form prior to requesting 1) a drop from a course(s) after the drop deadline; 2) a withdrawal from any or all courses in which the student is enrolled; and/or 3) a withdrawal from the program or changes in the academic programs in which the student has matriculated. This form should be completed and included with the request for action to the adviser, program director, department chair, etc. In some cases, the student will not have the opportunity to complete this form prior to an administrative action (e.g., an academic department may remove the student from the program of study or take other academic action when necessary).

Step 1 Academic action requested. Check all that apply.

- 1. **Drop course(s) after drop deadline.** List the requested course(s) to drop; **include semester and year** in which the course(s) was taken.

- 2. **Withdraw from course(s) after the official withdrawal deadline.** List the course(s) from which you are requesting to withdraw; include **semester and year** in which the course(s) was taken.

- 3. **Withdraw from or change in academic program at any time.** List the program from which you are withdrawing and your new academic program including the effective **semester and year**, if applicable.
 Current Program: _____ New program: _____ Effective Semester: _____

- 4. **Leave of absence after the first week of classes.** Indicate the purpose for your leave of absence, your last date of enrollment and the date you intend to return.

- 5. **Termination from an academic program.** If you are applying for admission to an alternate program of study, indicate the program and the **semester and year** in which you will begin the program.

- 6. **Other:** _____

Step 2 Financial Aid Implications and Counseling

Any student requesting an academic action must complete Option A or B on the reverse side of this form. If the student elects to complete Option A, the student must take this form to the appropriate Office of Financial Aid location listed below to determine any financial aid implications resulting from the action(s) cited in Step 1 (above).

Monroe Park Campus: 901 W. Franklin St., Room 107, P.O. Box 843026, Richmond, VA 23284-3026
Schools of Allied Health Professions, Nursing and Pharmacy: Sanger Hall, Room 1-055, 1101 E. Marshall St., P.O. Box 980244, Richmond, VA 23298-0244
School of Dentistry: Lyons Building, Room 309, 520 N. 12th St., P.O. Box 980566, Richmond, VA 23298-0566
School of Medicine: Sanger Hall, Room 1-008, 1101 E. Marshall St., P.O. Box 980565, Richmond, VA 23298-0565

Please note that this impact advisement is designed to inform you of changes in federal or state financial aid programs that are a result of the action requested above. If you are withdrawing from all course(s) before completing 60 percent of the semester, measured in calendar days, your financial aid will be reduced proportionately (see www.vcu.edu/enroll/finaid/links/financialimp.html).

If you have received funding from a source other than the VCU Office of Financial Aid (such as the VCU Office of Undergraduate Admissions, a VCU department or private donor), we strongly recommend that you contact the office, department, committee or foundation that made the award to determine if the change in enrollment will impact the award. The VCU Office of Financial Aid is not responsible for disclosing the possible changes to VCU awards or private awards not made by the VCU Office of Financial Aid.

Student's name			Student's Social Security number						
Last	First	MI							
Current mailing address						State		Zip	
Street			City						
Day phone			Evening phone			VCU Email address			
()			()			_____@vcu.edu			
Name of academic adviser			Phone number of academic adviser			Semester/year of academic action			

Determine if you wish to have or waive financial aid counseling. Check and complete the appropriate option. Note that you may waive financial aid counseling only if you 1) never received financial aid funding for the semester(s) for which this academic action is being requested, or 2) are not requesting to drop course(s) after the drop deadline (retroactive drop).

Option A Financial aid counseling. (To be completed by the student and the VCU Office of Financial Aid.)

Financial aid representative. Describe below the impact of the action(s) requested in Step 1 on prior, current, and/or future financial aid, including, but not limited to, Reasonable Academic Progress implications, award renewal and amount of funds to be retracted.

Amount to be retracted: _____

Other implications: _____

Financial Aid representative's name (please print)

Phone number

Financial Aid representative's signature

Date

Student. I have received counseling to determine the financial aid implications of the action(s) requested in Step 1. I understand that the requested action(s) may result in the changes described above to my state and federal financial aid for the prior, current, and/or future semesters.

Student's signature

Date

Option B Waiver of financial aid counseling. (To be completed by the student)

- I certify that I have neither received nor applied for federal or state financial aid, or I acknowledge that although I may have received federal or state financial aid, I choose not to attend the recommended financial aid counseling session in which I would have been advised of the impact of the requested action specified in Step 1.
- If I received federal or state financial aid, I understand that all or a portion of my financial aid may be cancelled as a result of the requested action(s) and that this includes all aid that has already been disbursed to my account as well as any aid that is pending disbursement. I understand that the cancellation of aid may result in an account balance due the university and that I will be held financially liable for that balance as well as any late fees or collections costs, which I will pay according to Student Accounting Department's payment policy.
- If I am requesting to drop courses retroactively and I have received federal or state financial aid, I understand that I must repay any financial aid refund that I may have received before the courses will be dropped from my transcript.
- I understand that all future registration activity and official transcript releases will be prohibited until my account is paid in full.

Student's signature

Date

Step 3 Student Accounting Department Approval

Step 3 must be completed by the Student Accounting Department if the academic action requested is 1,3,4, 5 or 6. The Student Accounting Department is located in Founders Hall, 827 W. Franklin St., Room 123, Richmond, VA 23284-3036. If the action requested is number 2 in Step 1, go to Step 4.

The student must repay the financial aid refund that he/she received and if applicable, the cost of his/her tuition and fees for the course(s) in which he/she remained enrolled by submitting payment (cashier's check, certified check, money order, credit card or cash) prior to the request being processed. The amount due is:

\$ _____

This student did not receive financial aid for the semester(s) in which this academic action is being requested.

Other: _____

Student Accounting representative's name (please print)

Phone number

Student Accounting representative's signature

Date

Date payment received

Step 4 Submission of form

If you are an undergraduate student, submit this completed form to the VCU Office of Records and Registration.

If you are a graduate student, submit this completed form to the VCU School of Graduate Studies.

If you are a professional student, submit this completed form to the office of the dean for your school.

